

Form 210A (10/06)

United States Bankruptcy Court

Southern District Of New York

In re Lehman Brothers Holdings Inc. et al., Debtors,

Case No. 08-13555 (JMP) (Jointly Administered)

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a).
Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the
transfer, other than for security, of the claim referenced in this evidence and notice

Standard Chartered Bank (Hong Kong) Limited
Name of Transferee

Tong Sui Kwan Estela
Name of Transferor

Name and Address where notices to transferee
should be sent:
17/F, Standard Chartered Bank Building
4-4A Des Voeux Rd, Central, Hong Kong

Court Claim # (if known): 36708
Amount of Claim: USD 64,231.85
Date Claim Filed: 6 October 2009

Phone: glbpbsecops.ca_event@sc.com
Last Four Digits of Acct #: 3144

Phone: _____
Last Four Digits of Acct. #: 1930

Name and Address where transferee payments
should be sent (if different from above):

Phone: _____
Last Four Digits of Acct #: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the
best of my knowledge and belief.

By: Lawrence CHEUNG (HK9164)
Chief Operating Officer, Private Bank
Transferee/Transferee's Agent



Date: 11 October 2011

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

Form 210B (10/06)

United States Bankruptcy Court

_____ District Of _____

In re _____, Case No. _____

NOTICE OF TRANSFER OF CLAIM OTHER THAN FOR SECURITY

Claim No. _____ (if known) was filed or deemed filed under 11 U.S.C. § 1111(a) in this case by the alleged transferor. As evidence of the transfer of that claim, the transferee filed a Transfer of Claim Other than for Security in the clerk's office of this court on _____ (date).

Name of Alleged Transferor

Name of Transferee

Address of Alleged Transferor:

Address of Transferee:

~~DEADLINE TO OBJECT TO TRANSFER~~

The alleged transferor of the claim is hereby notified that objections must be filed with the court within twenty (20) days of the mailing of this notice. If no objection is timely received by the court, the transferee will be substituted as the original claimant without further order of the court.

Date: _____

CLERK OF THE COURT

POWER OF ATTORNEY

We, Standard Chartered Bank (Hong Kong) Limited 渣打銀行(香港)有限公司 (the "Bank"), being a company incorporated in Hong Kong whose registered office is at 32/F., 4 – 4A Des Voeux Road Central, Hong Kong do hereby appoint **Cheung Chi Leung** (holder of Hong Kong Identity Card No. E725748(5)), presently employed as **Chief Operating Officer, Private Bank, North East Asia** of the Bank (the "Attorney"), to be our true and lawful attorney to manage and conduct our business and affairs and to make, execute, sign, seal and deliver in our name and on our behalf any deed, agreement, or document of whatsoever nature relating to the business and affairs of the Bank or arising from the Attorney's aforementioned position.

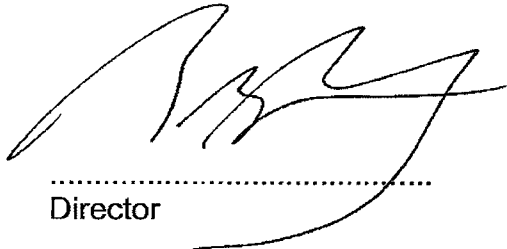
We undertake to ratify and confirm any act or documents whatsoever the Attorney shall do or lawfully cause to be done, in good faith, by virtue of this Power of Attorney and to indemnify the Attorney against all costs and expenses properly incurred by the Attorney under it.

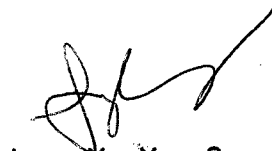
The authority of the Attorney under this Power of Attorney shall cease upon the earliest of:

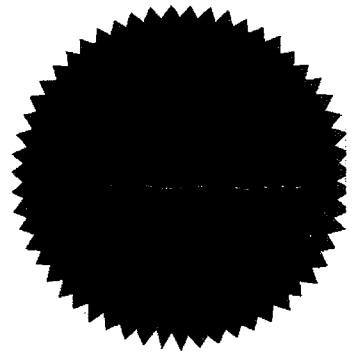
- (a) two years from the date of issue;
- (b) the Bank giving written notice of revocation to the Attorney; or
- (c) the Attorney ceasing to be employed by the Bank in the aforementioned position.

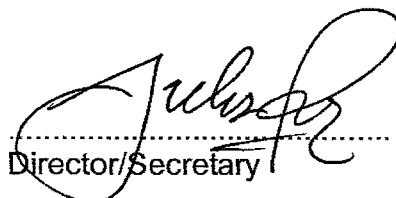
This Power of Attorney is executed as a deed and shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region.

The Common Seal of
STANDARD CHARTERED BANK (HONG KONG) LIMITED
was affixed hereunto
in the presence of


.....
Director


Leung Yau Yuen Sunny
Solicitor, Hong Kong SAR




.....
Director/Secretary

I hereby certify that this copy is a true
and complete copy of the original.

Dated

11 OCT 2011

Date issued: 27 April 2010

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11 Case
No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000036708

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

TONG SUI KWAN ESTELA
PO BOX 60373
TSAT TSZ MUI POST OFFICE
NORTH POINT HONG KONG

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: _____

Email Address: _____

Name and address where payment should be sent (if different from above)

Telephone number: _____

Email Address: _____

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$ USD 64,231.85 (HKD 500,000 @7.7843) plus applicable interest and other charges (Required)

☒ Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0369799928 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6027485

(Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

Euroclear Account 97816

(Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date:

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

1-9-09

Tong Sui Kwan Estela

FOR COURT USE ONLY

FILED / RECEIVED

OCT 06 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

The Standard Chartered
Private Bank

Private and Confidential

11 October 2011

TERI Claims Processing Centre
C/O Epiq Bankruptcy Solutions, LLC
757 Third Avenue, 3rd Floor
New York, NY 10017

Re: Transfer of Claim other than for Security – claim No. 36708

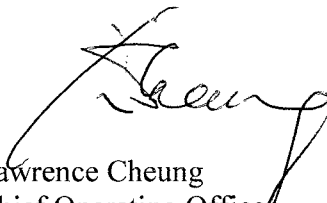
Dear Sir/Madam,

Please find enclosed:

1. duly signed 'Transfer of Claim Other than for Security' – for your prompt filing;
and
2. copy of Lehman Securities Programs Proof of Claim dated 6 October 2009 for
your reference.

We ask that you provide us with your confirmation that right to Proof of Claim has been successfully assigned to Standard Chartered Bank (Hong Kong) Limited, in your reply letter to us.

Yours faithfully,



Lawrence Cheung
Chief Operating Officer

Private Bank, North and South East Asia

TERI Claims Processing Centre
C/O Epiq Bankruptcy Solutions, LLC
757 Third Avenue, 3rd Floor
NEW YORK, NY 10017

Strictly Private and Confidential

08-135

Recommended weight

1 = 0.5 kg
2 = 1 kg
3 = 2 kg
4 = 5 kg

Doc 20928

Filed 10/17/11

Entered 10/17/11 17:38:20

Main Document

Track this shipment: <http://www.dhl.com>Shipment Waybill
(Non negotiable)

1 Payer account number and insurance details

Charge to ☐ Shipper ☐ Receiver ☐ 3rd partyPayer Account No. ☐ Cash ☐ Cheque ☐ Credit CardShipment Insurance ☐ Yes ☐ No See reverse. Not all payment options are available in all countries. www.dhl.com

2 From (Shipper)

Shipper's account number 001050566

Contact name Andrew Mo

Shipper's reference (up to 32 characters - first 12 will be shown on invoice)

Company name

STANDARD CHARTERED BANK (HK) LTD

Address

17/F STANDARD CHARTERED BANK BLDG
4-4A DES VOEUX RD
CENTRAL HK

Postcode/Zip Code (required)

Phone, Fax or E-mail (required)

3 To (Receiver)

TERI Chims Processing Centre

C/O Epiq Bankruptcy Solutions LLC

757 Third Avenue, 3rd Floor
New York, NY 10017

Postcode/Zip Code (required) NY 10017

Country USA

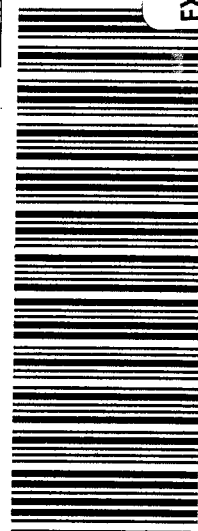
Phone, Fax or E-mail (required)

Contact person

351 0622 511

ORIGIN HKG

DESTINATION CODE ZYP



EXPRESS WORLDWIDE (D)

DOX

SCL v7.0.14

4 Shipment details

Billed weight is calculated from total weight of packages

| Total number of packages | Total Weight | Pieces | Length | Width |
|--------------------------|--------------|--------|--------|-------|
| 1 | 0.5 kg | 1 | 21 | 21 |

5 Full description of contents

Give content and quantity

DOCUMENTS

6 Non-Document Shipments Only (Customs Requirement)

Attach the original and two copies of a Proforma or Commercial invoice

Receiver's VAT/GST or Shipper's EIN

Shipper's VAT/GST number

Declared Value for Customs (as on commercial/proforma invoice)

Harmonised Commodity Code if applicable

Government Export Number (where legally required)

TYPE OF EXPORT ☐ Permanent ☐ Repair/Return ☐ Temporary

Destination duties/taxes if left blank receiver pays duties/taxes

Receiver ☐ Shipper ☐ Other

Specify approved account number

7 Shipper's agreement (Signature required)

Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of Carriage apply to this shipment. I/we agree to indemnify DHL for loss, damage or delay caused by this shipment. I/we agree to hold DHL harmless for loss, damage or delay caused by this shipment.

Signature

Date 11/10/11

PS03/10 HKGP3



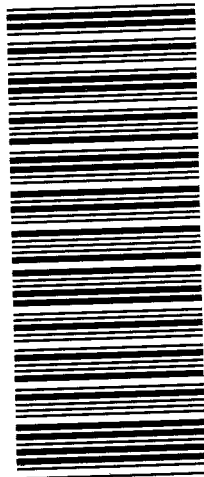
10017 NEW YORK NY, UNITED STATES OF

US - ZYP - TSS

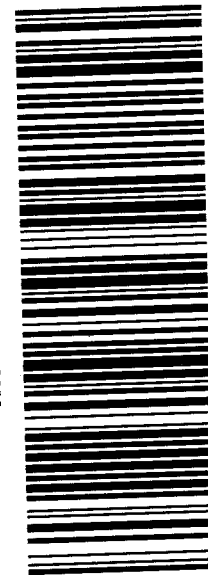
Pg 7

Shipment No.: 3510622511 2011 - 10 - 12 Shpt Weight: 0.5 kg

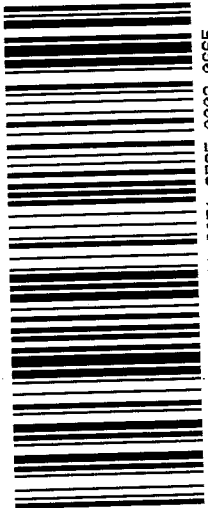
Sender's Reference:



WAYBILL 35 1062 2511



(2L)US10017+42000000



(J)JD01 2051 3735 0003 0655



made rec

www.dhl.com